

MDR Tracking Number: M5-04-0782-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-13-03.

The IRO reviewed therapeutic exercises and activities, office visits, range of motion, muscle testing, joint mobilization, and manual traction from 1-21-03 through 4-14-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO concluded that the therapeutic exercises, therapeutic activities, office visits, range of motion, and muscle testing **were** medically necessary. The IRO agreed with the previous determination that the joint mobilization and manual traction **were not** medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-15-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
1-21-03 2-5-03 2-24-03	95851 (1) 95851 (1) 95851 (2)	\$36.00 \$36.00 \$72.00	\$0.00	F, 05	\$35.00 ea extremity	Rule 133.307(g)(3) (A-F)	Range of motion is not a global charge. Relevant information supports delivery of service on 1-21-03 and 2-5-03 only. Recommend reimbursement of \$36.00 x 2 = \$72.00.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
1-23-03	97750-MT	\$43.00	\$0.00	F, 05	\$43.00 per body area		Muscle testing is not a global charge. Relevant information supports delivery of service. Recommend reimbursement of \$43.00.
2-21-03	97750-MT	\$86.00	\$0.00	No EOB	\$43.00 per body area	Rule 133.307(g)(3) (A-F)	Since neither party submitted an EOB, this review will be per the 1996 <i>Medical Fee Guideline</i> . Relevant information supports delivery of service. Recommend reimbursement of \$86.00.
TOTAL		\$273.00	\$0.00				The requestor is entitled to reimbursement of \$201.00.

This Decision is hereby issued this 8th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 1-21-03 through 4-14-03 in this dispute.

This Order is hereby issued this 8th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW

January 13, 2004

IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria

published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

Available information suggests that this patient reports injury to both right and left knees on ____ as a result of a slip and fall while at work. The patient presented initially to his chiropractor, ____, on 10/14/02. ____ took x-rays and also ordered an MRSI of the left knee. MRI of 10/28/02 suggests old ACL tear, lateral meniscal tear and chondromalacia of the lateral compartment. The patient is not given medications but is placed on physical therapy with both passive and active modalities at 5x per week for several months. The patient was referred for orthopedic evaluation with a ____ in December of 2002 and eventually has arthroscopic surgery on the left knee on 1/17/03. The patient is given medications then resumes physical therapy with ____ at 3x per week. The patient had a repeat MRI of the left knee on 4/14/03 and MRI of the right knee on 3/3/03 suggesting mild thickening of the medial collateral ligament consistent with sprain and tendonitis. The patient undergoes neurodiagnostic testing on 3/28/03 showing essentially normal NCV/SSEP and EMG findings. The patient also undergoes multiple Functional Abilities Evaluations, temp. gradient studies, muscle testing, ROM studies and computer data analysis. These studies contain no specific clinical correlation with treatment plan or treatment modification. The start and finish dates appear to be scratched out by hand and re-written with brief comment. Chiropractic notes suggest that the patient undergoes multiple units of post surgical rehabilitation exercise, passive joint mobilization and manual traction at 3x per week beginning 1/21/03. Anticipated release is established at 2/30/03. These notes appear to be computer generated, unsigned and essentially unchanged, and with essentially identical notations made through 3/12/03. Manipulation, mobilization and traction are discontinued as of 3/12/03 and anticipated release is extended to 4/29/03 without specific explanation. Chiropractic exercise therapy appears to continue unchanged through 4/16/03. The patient is referred for second orthopedic opinion with a ____ on 4/29/03. His finding suggest recurrent left lateral knee meniscal tear with possible posterior derangement persisting. Both right and left knee are said to have persisting sprain, bursitis, effusion, synovitis and chondromalacia of the patella. The patient is given additional medications and instructions for functional therapy to continue. No follow-up chiropractic reporting is submitted. Carrier appears to deny coverage for these services as "U" – medically

unnecessary WITHOUT peer review. No RME or Designated Doctor Evaluation appears to be performed.

REQUESTED SERVICE (S)

Determine medical necessity for chiropractic services including office visits, joint mobilization, manual traction, therapeutic exercises, ROM measurements, muscle testing, therapeutic activities, and physical performance tests for dates in dispute 1/21/03 through 4/16/03.

DECISION

There is some reasonable rationale and clinical support for post-operative active rehabilitation concerning these conditions. There is medical necessity for (97110) therapeutic exercise and (97530) therapeutic activities for the period 1/21/03 to 4/16/03. This would include (99213) office visit evaluation and management services. Periodic ROM and strength testing (95831 and 95851) services would also appear reasonable. However, (97265 and 97122) mobilization and manual traction services suggest no clinical utility or potential for further functional restoration, and appear to be a duplication of manipulation component included in OV/E&M service (99213). The available literature suggests no clinical benefit for the management of knee ligament sprain, meniscal tear, meniscal derangement, post-surgical pain, or other conditions with the use of these modalities.

RATIONALE/BASIS FOR DECISION

1. Tim, KE: "Post-surgical Rehabilitation of the Knee, a five year study of methods" American Journal of Medicine, Vol. 16, Issue 5 463-46.
2. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" Journal of Family Practice, Dec. 2002.
3. Schenck RC: Athletic Training and Sports Medicine. AAOS, Rosemont, IL, 1999 (Chapter 16: Knee Injuries, by Shelbourne KD, Rask BP and Hunt S)
4. Calliet R: Knee Pain and Disability, 3rd Ed. Pain Series, 1999.
5. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers.
6. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Vol. 81, Number 10, October 2001.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.